

PTO/SB/22 (08-03)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 15270J-004765US
In re Application of DALE B. SCHENK et al.		
Application Number 09/724,288		Filed November 28, 2000
For PREVENTION AND TREATMENT OF AMYLOIDOGENIC DISEASE		
Art Unit 1647		Examiner Sharon L. Turner

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

☐ One month (37 CFR 1.17(a)(1)) \$
☐ Two months (37 CFR 1.17(a)(2)) \$
☐ Three months (37 CFR 1.17(a)(3)) \$
☒ Four months (37 CFR 1.17(a)(4)) \$1530
☐ Five months (37 CFR 1.17(a)(5)) \$

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$.
☐ A check in the amount of the fee is enclosed.
☐ Payment by credit card. Form PTO-2038 is attached.
☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.
☐ assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98).
☒ attorney or agent of record.. Registration Number 42,397
☐ attorney or agent under 37 CFR 1.34(a).
 Registration number if acting under 37 CFR 1.34(a): _____.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

October 4, 2004 _____
 Date Signature
 Rosemarie L. Celli, Reg. No. 42,397
 Typed or printed name

0/08/2004 GTRAMEL 00000002 201430 09724288
 1530.00 DA

NOTE: Signatures of all the inventors or assignees of record of the entire interest of their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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